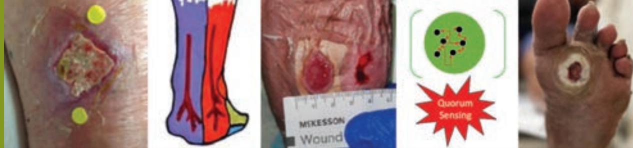

A New and More Responsible Look at the CDFE

It's time to change our approach to diabetic foot care.

BY JOHN V. GUILIANA, DPM, MS

More than half a billion people are living with diabetes worldwide, according to a paper published in the *Lancet* on July 15th, 2023, and that number is projected to more than double to 1.3 billion people in the next 30 years. About 37.3 million Americans have diabetes, according to the CDC, with 11.3% of the population affected. Approximately 20% of people who develop a diabetic foot ulcer (DFU) will require lower-extremity amputation, either below the ankle, above the ankle, or both, and 10% will die within one year of their first DFU diagnosis.

As a result of peripheral artery disease and neuropathy in patients with diabetes, diabetic foot ulcers are common. With up to 75% of these DFUs being preventable, podiatrists are essential in understanding, identifying, monitoring, and managing the "chain of consequences" (to be defined later) that frequently lead to end-stage amputations and even death. With a slight paradigm shift in how we think about a comprehensive diabetic foot exam (CDFE), our profession has unique opportunities to differentiate ourselves as true lower extremity amputation prevention specialists and engage in value-based care that can also bring meaningful new revenue into our practices in either a fee-for-service or value-based care model.

As a profession, we have become so preoccupied with the worry of audits that we sometimes become paranoid about providing "comprehensive" care. The worry is understandable, but one should focus on losing an audit (lack of medical necessity, poor documentation, etc.), and not on the audit itself. Podiatrists often ignore important precursors to the chain of consequences simply because they do not want to risk an audit. Even a simple callus or red spot could be that precursor! Podiatrists frequently forget to look beyond just nail and callus care in this "at-risk" population.

Attacking the $80 billion annual price tag of diabetic foot complications involves comprehensive chronic care management, and paramount to our role in this initiative involves maintaining skin integrity. Without skin integrity, the unfortunate and costly "chain of consequences" (fissure, ulceration, infection, amputation, death) ensues. The root cause of compromised skin integrity is frequently because of skin dryness from neuropathic sudomotor deficiencies, as well as pressure from poorly fitted shoe gear.

Without the medical necessity needed for appropriately being compensated for an evaluation and management service, we are often financially limited to attending to only the nail and callus care and ignoring the real "elephant in the room." This not only serves as a grave injustice to patients with diabetes, but it also has created a great deal of professional fungibility for podiatry, as other para-professionals have begun taking over those nail and callus care tasks.

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Porter's 5 Forces and Fungibility

First published in 1979 by Harvard Business School professor Michael Porter, Porter's Five Forces has since become one of the most popular business strategy tools that organizations can use to understand more about the main competitive forces at work in their industry. It is a simple yet powerful tool that can be used to identify the main sources of competition affecting your practice. You can then adjust your strategy, boost your profitability, and stay ahead of the competition.

Porter theorized that any organization is subject to five forces that

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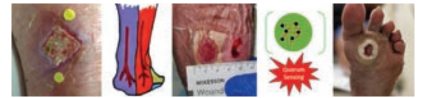

CDFE (from page 67)

ultimately control the success of the organization:

- Competitive rivalry
- Supplier power
- Buyer power
- Threat of new entries
- Substitutes (fungibility)

Let's look at Porter's Five Forces as they pertain to podiatry, as well as the force that we should be most concerned about for our future. While we have some competitive rivalry in podiatry, supplier power is a force to worry about. Our suppliers and vendors really have little power over our profession, unless they supply us with something that is unique to them and cannot be found elsewhere. Under the force of buyer power, consumers and healthcare payers have some power over us, but it's still not the most troubling force. Then there is the threat of new entries. Years ago, that might have been a concern, but today there are fewer students entering podiatry and this certainly is not a top concern. But what should worry us the most is Porter's force, a concern of substitutions (fungibility). Our profession is rapidly being replaced by lower-cost alternatives, such as nurse practitioners, wound care technicians, etc. We truly must make ourselves nonfungible by becoming the TRUE diabetic foot specialists.

Are We Still Talking About CDFE as a Screening Test?

It has long been discussed and debated whether a CDFE is a billable event. First, let's make sure we all understand the medical necessity required for an evaluation and management service. To have the medical necessity for billing, you must have a history of present illness, an exam, as well as a documented plan for the objective findings. Lacking that, a CDFE is merely a screening test and is not billable. However, most diabetic patients, if comprehensively examined, have pathologies that are the precursors to the chain of consequences and lower extremity amputations. For example, most diabetics exhibit dry, xerotic skin because of their sudomotor deficiencies. If we can qualify and quantify that precursor, and thoroughly document it in an exam as well as formulate a plan to address it, this certainly qualifies for an evaluation and management service. But you need proper "surveying tools" to do that.

As a profession, if we change our approach to how we view the at-risk foot care visit and CDFE for patients with diabetes, many ethical and financial challenges can be resolved, particularly when we are facing a healthcare system shifting towards value-based care. We need to expand our current philosophy on what constitutes a CDFE and think of it more as "podiatric vital signs". Specifically for the diabetic foot, we need to think beyond our traditional vital signs of height, weight, blood pressure, etc., and quickly, efficiently, and quantitatively assess the diabetic foot for its skin moisture index (SMI) and "hot spots." By doing so, you will be intervening on the single most prevalent cause of complications, which, of course, is lack of skin integrity that ultimately leads to the chain of consequences—fissures, infections, ulcerations, and ultimately amputations. Very inexpensive tools and innovations are now available to identify the medical necessity needed for the additional chronic care management for our patients with diabetes, as well as compensation for our role in this critical lower extremity amputation prevention (LEAP) initiative to prevent the "chain of consequences" for many patients.

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Be open to explore using DermaStat®, Neuropad®, and IRStat® as part of their "LEAP Vitals" to measure skin moisture index and hot spots, respectively, in our patients with diabetes during their at-risk foot care visits. These products are designed to detect moisture-related symptoms of autonomic neuropathy in the lower extremities. A foot that is too moist or too dry can lead to wounds. Neuropad® is a Band–Aid–like device that quickly, objectively, and visually detects sudomotor dysfunction (anhidrosis) by color change. DermaStat® is a device that measures skin moisture index levels and quickly displays digital results. IRStat® is used to identify contralateral temperature changes (hot spots) in the lower extremities. IRStat uses infrared technology.

Clinical practice guidelines recommend a comprehensive approach to identifying risk factors for the development of diabetic foot ulcers. Using Neuropad, DermaStat, and IRStat to objectively measure, monitor, and manage skin moisture and skin temperature will help objectively identify a patient's risk for developing a diabetic foot wound. It can ultimately change our role in the healthcare system, as well as have a very positive impact on our practice's economy. **PM**

Reference

PubMed, National Library of Medicine, A Shift in Priority in Diabetic Foot Care and Research: 75% of Foot Ulcers are Preventable, https://pubmed.ncbi.nlm.nih.gov/26452160/.

Dr. Guiliana is a nationally recognized speaker and author on topics pertaining to medical practice management. He is a Fellow of the American Academy of Podiatric Practice Management and holds a Master's Degree in Healthcare Management. He has authored numerous columns in various journals and is the co-author of *31½ Essentials to Running Your Medical Practice,* as well as *The Million Dollar Practice…Keys to Success.* Dr. Guiliana is currently a Medical Director of Podiatry for Modernizing Medicine's award-winning technology. He can be reached at John.guiliana@modmed.com.